

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9752

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1004 KENTLAND</u>		d. STREET ADDRESS (If rural, give location) <u>1004 KENTLAND</u>	
3. NAME OF DECEASED a. (First) <u>EARLE</u>		b. (Middle) <u>WILLIAM</u>	
c. (Last) <u>BUTTON</u>		4. DATE OF DEATH (Month) <u>MARCH</u> (Day) <u>28</u> (Year) <u>1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 26, 1888</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATION AGENT</u>	11. BIRTHPLACE (State or foreign country) <u>TOPEKA KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>OREN DAVID BUTTON</u>	
13b. MOTHER'S MAIDEN NAME <u>ALTA E. STOUT</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA BUTTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-12-0642</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Button Neosho Mo.</u>		ADDRESS <u>Neosho Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted Gun Shot</u> ANTECEDENT CAUSES <u>Wound in chest.</u> DUE TO (b) <u>Wound in chest.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho Newton Missouri</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>3-28-1950 3:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Self inflicted Gun shot.</u>			
22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>1950</u> , that I last saw the deceased <u>March 3-28-1950</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Corley Thompson</u>		23b. ADDRESS <u>Neosho Missouri</u>	
23c. DATE SIGNED <u>3/29/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>3/30/1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>KANSAS CITY MO.</u>			
DATE REC'D BY LOCAL REG. <u>March 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Borman</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u>		ADDRESS <u>Neosho</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 6 1950

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 450-79

Date Filed MAR 5 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Newsha, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.